AGORA

From Response to Resilience in Maiduguri

UNDERSTANDING THE HUMANITARIAN AND SERVICE DELIVERY RELATED NEEDS OF THE POPULATION IN THREE VULNERABLE NEIGHBOURHOODS IN MAIDUGURI, NIGERIA.

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A field officer conducting a focus group discussion.

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In partnership with

INTERNATIONAL RESCUE COMMITTEE

IMPACT Shaping practices Influencing policies Impacting lives

ACTED

INTRODUCTION

Background

The ongoing conflict in northeast Nigeria started ten years ago, leading to thousands of victims and millions of displaced persons in the last decade (CFR, 2018).[1] In November 2019, about 279,550 internally displaced persons (IDPs) lived in Maiduguri Local Government Area (LGA) (IOM DTM Nigeria, 2019).[2] With violence across the northeast of Borno State and resulting displacement spiking in late 2018 (UNHCR, 2019) and continuing throughout 2019 (UNOCHA, 2019), this trend shows no sign of abating. This displacement has increased pre-existing vulnerabilities including high risks to acute shocks (e.g., flood, fire, and violence) and chronic stresses (e.g., youth unemployment, limited local authority capacity, lack of social accountability) (IOM DTM Nigeria, 2019). While there has been an influx of humanitarian actors to address immediate needs, the response has yet to transition from humanitarian to focus on addressing the longer-term challenges facing the population in urban Maiduguri.

Context[3]

Maiduguri is the capital and largest city of Borno State. Its main LGA is one of 16 that constitutes one of Nigeria's traditional states, the Borno emirate. Formal and traditional governance structures are intertwined, as in most areas in Nigeria.

The city of Maiduguri has grown rapidly beyond the initial borders of its LGA with a 1.5% yearly demographic growth since 2000 (Maiduguri City scan, City Resilience Program, december 2019).[4] There has been a large demographic growth in the city of Maiduguri which has resulted in the expansion of the city beyond the initial urban area into other LGAs (Jere and Konduga LGA). This rapid growth in addition to the influx of IDPs has made it more difficult to plan and scale up provision of basic services across multiple LGA. The city's most recent masterplan dates back from 1973, and the wards which are the lowest administrative units have limited capacity to undertake evidence-based planning at the local level.

On the side of formal governance, public sectors are governed at the State level, under the umbrella of State sector ministries and public agencies reporting to the governor. All State ministries are headquartered in the city of Maiduguri. In particular, the ministry of Reconstruction Rehabilitation and Resettlement is mandated to coordinate the activities of all international non-governmental organization (INGOs) and local non-governmental organization (LNGOs) across the State, and the ministry of local and emirates affairs oversees the relationships between formal and traditional governance representatives at the local level. The federal government retains the most influence on public affairs and resources allocation. The LGAs in Borno are currently chaired by chairmen appointed by the Governor, as local elections could not take place since 2007. The LGAs are responsible for setting priorities and managing essential services.

At the community level, each neighbourhood is represented by traditional leaders, called bulamas. They are the primary channel through which communities are connected to the institutional structure of the government. Traditional leaders act as entry points or gatekeepers of their communities and are deeply involved in everyday life of the neighbourhood, including local level ressource allocation and dispute settling. Their role is primarily to manage the flow of information and to liaise with village and district heads and other city officials. Hence, they are the primary interlocutors for humanitarian projects. Grassroots organizations such as community self-help groups or neighbourhood associations, local branches of market associations/service providers such as charcoal sellers, water vendors (mai ruwa), tailors and provision sellers, as well as and religious leaders also play an important role in structuring the society at the local level.

Rationale

In order to adress the longer-term challenges facing the population in urban Maiduguri, the project "from Response to Resilience", implemented by a consortium of three partners (International Rescue Commitee (IRC), ACTED and IMPACT Initiatives)[5] was initiated. The objective of the project is system strengthening for disaster risk reduction, durable solutions for displacement, and urban resilience for communities by applying an area-based approach in three vulnerable urban areas in Maiduguri. In this framework, IMPACT Initiatives conducted area-based assessments in order to inform the consortium partners' resilience planning and capacity building efforts, delineating intervention priorities that will materialize in community-based projects in each area from the findings. This profile presents the findings from the said assessment.

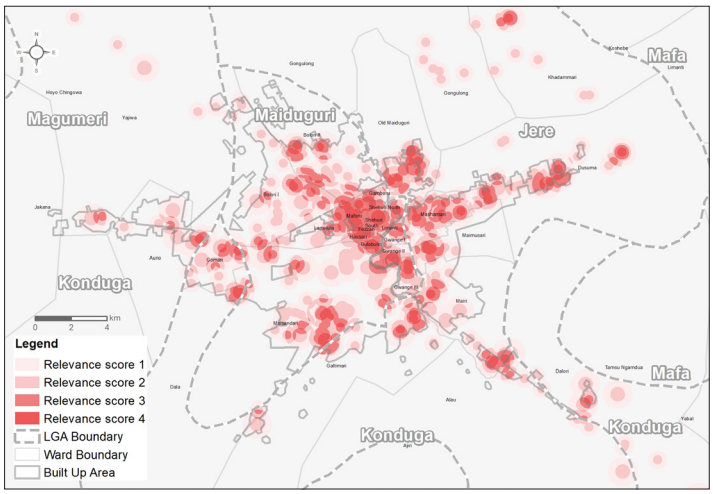
METHODOLOGY

The assessment comprised of two phases. Data was collected through quantitative and qualitative techniques, between November 2019 and March 2020.

Phase1: Neighbourhood delineation

During phase one,170 vulnerable neighbourhoods[6] located in the urban areas of Maiduguri were identified and delineated. Geo-spatial data on 2018 cholera outbreak from the World Health Organization (WHO, 2018) and location of IDPs settlements from the International Organization for Migration Data Tracking Matrix (IOM-DTM)[2] were used to identify these vulnerable neighbourhoods. Relevance values were assigned on neighbourhoods within urban Maiduguri based on proximity to IDP locations (250m and 500m buffer) and geo-spatial information of the 2018 cholera outbreak (400m and 800m radius from cholera outbreak). Areas with relevance scores of three and four were identified as the most vulnerable, hence delineating a total of 170 neighbourhoods.

Map 1: Neighbourhood delineation



1. Council on foreign relations- August 2018
2. https://displacement.iom.int/nigeria
3. ACTED's draft stakeholder engagement doc – October 2019;
4. 'Maiduguri City scan, City Resilience Program, December 2019.
5. The Consortium is led by IRC and includes IMPACT and ACTED. The Consortium implements the project "From response to resilience in Maiduguri" which aims at using area-based approaches to system strengthening for disaster risk reduction, durable solutions for displacement, and urban resilience for communities in Maiduguri.
6. For this assessment, neighbourhood is defined as a designated area with clear boundaries and represented by one traditional leader called the "bulama"

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Building on this, between 5 November and 10 December 2019, IMPACT conducted key informant interviews (KIIs) with 170 traditional community leaders of the identified vulnerable neighbourhoods[7]. KIs allowed the consortium to gain a deeper understanding on population demographics, availability of critical services, vulnerability to natural and man-made hazards and administrative and governance structures of the neighborhoods. Participatory and GPS-tracked guided neighbourhood walks with bulamas enabled the accurate delineation of perceived neighbourhood boundaries and supported mapping of key public infrastructures, including worship centres, educational facilities, health care facilities, local authority offices, police stations, public water points and public latrines. Three cluster of neighbourhoods in the urban area of Maiduguri were selected based on the initial data on a set of vulnerability criteria (total population of the neighbourhood with high IDP ratio of at least 20% IDP HHs, neighbourhoods prone to at least one natural/man-made hazards, neighbourhoods with limited or no access to at least one basic service). The selection process reduced the number of targeted settlements to 11 neighbourhoods divided into three clusters (see Table 1).

Table 1: Selected neighbourhoods

Cluster	Neighbourhoods in the cluster
Cluster one	Sulaimanti 1; Sulaimanti 2; Sulaimanti 3; Sulaimanti 4
Cluster two	Waziri Musa Street, A.B Hassan Street, Malut Shuwa Street, Sheik Ibrahim Saleh
Cluster three	Ngirmari Farm Center; Alhaji Tar; Goni Kachalari

Focus group discussion (FGDs)

A total of 24 FGDs were also conducted from 26 Febuary to 5 March in the selected clusters to complement the quantitative data collection. Eight FGDs were conducted in each cluster, with each FGD comprising of a maximum of six participants. Four FGDs per neighbourhood have been conducted with host community members including one with females, one with males, one with community leaders and one with representatives from community based organizations. The other four FGDs per neighbourhood were conducted with IDPs, two with females and two with males. Participants of these FGDs were selected with the help of community leaders, who identified persons in the community who had a good knowledge of the neighbourhoods.

Table 2: Number of surveys conducted per cluster

Cluster	Household Surveys		Key Informant Interviews	Focus Group Discussons
	IDPs	Host Communities		
Cluster one	185	195	74	8
Cluster two	174	201	109	8
Cluster three	187	196	214	8
TOTAL	546	592	397	24

Phases 2: Needs, vulnerability and durable solutions assessment.

The second phase involved conducting a needs, vulnerability and durable solutions assessment for the population residing in the three selected clusters of neighbourhoods. The aim of this phase was to identify (1) humanitarian and service related needs, (2) the level of vulnerabilities and resilience to hazards, (3) the service and capacity gaps of the critical services and infrastructure and (4) displaced peoples' specific needs in the three targeted pilot neighbourhoods in Maiduguri, Nigeria. The assessment used a mixed methods approach with both qualitative and quantitative data collection.

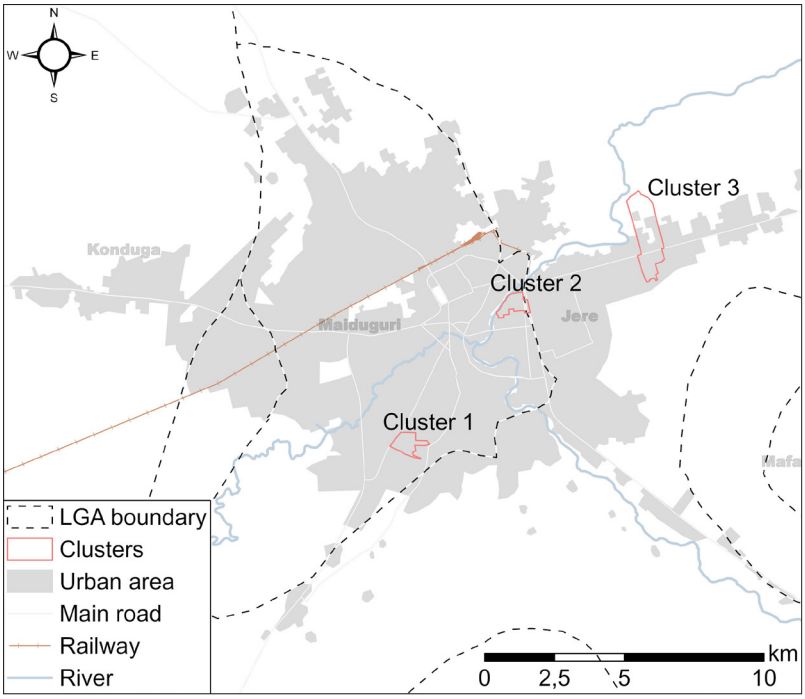
Household surveys

A total of 1,138 household (HH) interviews were conducted in the three selected clusters of neighbourhoods in Maiduguri between 28 January and 14 February 2020. The households were randomly sampled and stratified according to displacement status (IDP and host community). Findings are generalizable at the neighbourhood level with a confidence level of 95% and a margin of error of 7% for each population group.

Key informant interviews (KIIs)

In order to map critical service delivery locations and public facilities, a total of 397 KIIs were conducted between 21 February and 19 March 2020 in the three clusters. KIIs were conducted with representatives of all identified public facilities including educational facilities, health facilities, markets and water points. Survey respondents were purposively selected based on their level of knowledge of the identified facilities.

Map 2: Location of the three clusters of neighborhoods



7. AGORA_NGA_Maiduguri_CDM_neighborhood-compendium
8. During the selection of three most vulnerable neighbourhoods, the consortium partners agreed on forming clusters of neighbourhoods in order to target more people. Therefore, the clusters of neighbourhoods are neighbourhoods that are adjacent to each other and share some of the same public and private service facilities.

CLUSTER ONE (Suleimanti 1, Suleimanti 2, Suleimanti 3 and Suleimanti 4)

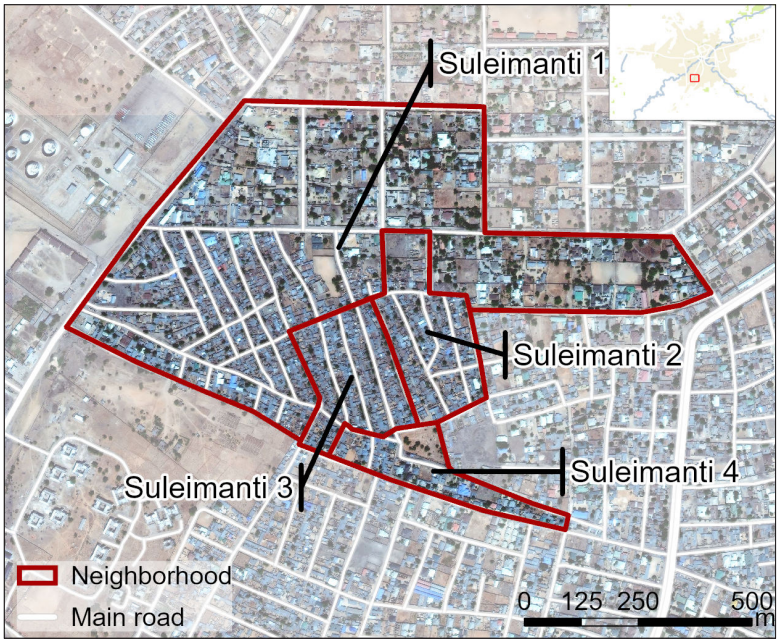
Cluster overview

Cluster one comprises of four neighbourhoods namely: Suleimanti 1, Suleimanti 2, Suleimanti 3 and Suleimanti 4. These neighbourhoods are situated in Maisandari Ward which is one of the 15 political administrative units, represented by the ward head also known as the Lawan. There are four hamlet heads also known as bulama's in this cluster, one for each neighbourhood. Community leaders, religious leaders, community based groups could also act as local actors within the neighbourhood.

Table 3: Estimated population figures[9]

Estimated total population (individuals)	18000
Estimated total no. of Host community HHs	3400
Estimated total no. of IDP HHs	2500

Map 3: Cluster overview

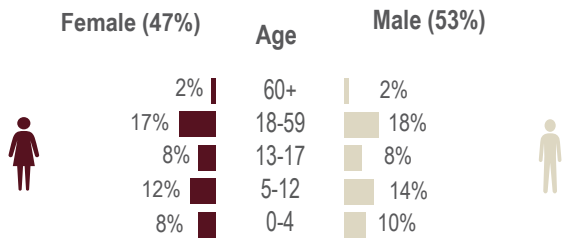


KEY FINDINGS

- Movement intentions: Findings from the HH survey showed that 31% of the displaced HHs in cluster one reported that they were certain to return to their area of origin in the next six month following data collection if security is restored. According to FGD participants, staying in the current location was cited to be too expensive and may need more assistance to cover basic needs if they are to continue to remain in current location.
- Displacement: Ninety eight percent (98%) of IDP HHs reported that conflict and insecurity were the main reasons as to why they had left their areas of origin, while 17% and 19% of HHs reported lack of shelter and lack of food respectively. The main factor for HHs to arrive in the current location was presence of security as reported by 96% of HHs.
- Education: FGD participants in cluster one reported that school aged children access educational facilities outside the neighbourhood since there are no schools within the neighbourhood. In addition, overcrowded classrooms with over 110 students per class and distance to school remains major challenges faced with accessing schools.
- WASH: In all FGDs with community members, some participants reported access to water as a main issue. KIs at water points reported various problems including insufficient water, poor quality of water and structural damage. Findings from the HH survey also showed that "extended queuing at water points" (33%) and "long distance to water points" (39%) are some of the main barriers faced when accessing water.
- Health: KIs revealed that there was no public or private hospital in cluster one and therefore HHs access healthcare outside the neighbourhood. One of the major challenges faced by health facilities assessed according to KIs was lack of medical equipment. Others are, inadequate medicine supplies and inadequate medical staff. High cost of services and medicine was the most frequently reported difficulty faced by HHs in accessing medical treatment and/or advice.
- Livelihood: In all FGDs, some participants mentioned petty trading or hawking, brick laying and selling goods at the market as some of the major sources of income for people residing in their neighbourhoods. Thirty two percent (32%) of IDP HHs reportedly engage in small businesses. According to the HH data, children in IDP HHs aged 1-5 years were reportedly more frequently contributing to HH income (24%) as compared to host community HHs (19%).

DEMOGRAPHICS

% of individuals by age group:

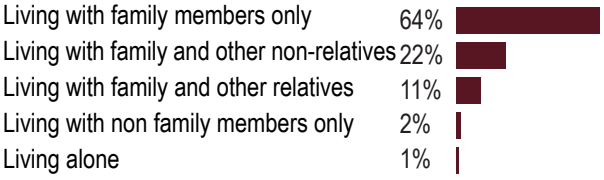


Female-headed HHs: **5%**

Average HH size: **9.4**

Approximately **2500** HHs reported to be IDPs of which 72% had been living in the current location for over five years and 22% between three to four years.

Reported HH living arrangements:



47% of HHs reported paying rent for accommodation

9. The population figures were provided by the traditional leaders during the phase one data collection. These were provided in November 2019 and a follow-up done in February 2020 to confirm the figures. Due to ongoing displacements, these figures can change in the future. Sampling was done based on the population figures that were confirmed in February 2020.

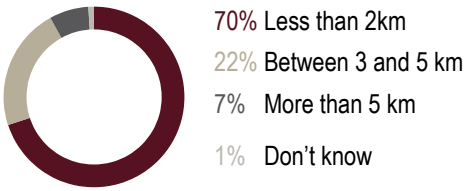
HEALTH

Findings from KIs revealed that there was no public or private hospital in cluster one. In all FGDs, some participants reported that people living in their neighbourhood sought access to health services outside of the neighbourhood causing them to walk long distances to seek medical care.

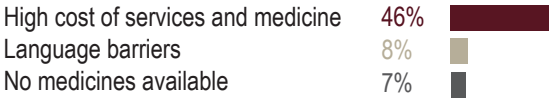
The lack of health facilities servicing residents in the assessed cluster was repeatedly reported by the KIs interviewed. Lack of medical staff, insufficient medical equipment and medicines as well as damaged structures were identified as among the major factors hindering health facilities' effective operating capacity. High cost of services and medicine was the most frequently reported difficulty faced by HHs in accessing medical treatment and/or advice, in cluster one. IDPs tend to adopt similar health seeking behaviour as hosts, relying on the same facilities and reporting comaparable barriers of access.

HHs reported first choice of health facility for treatment:[10]

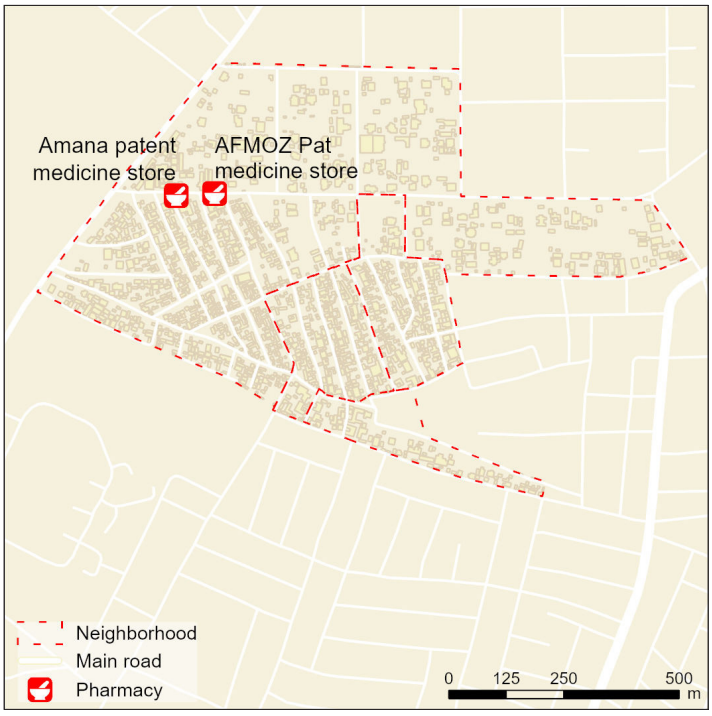
HHs reported distance to nearest health facility:



Top 3 reported barriers to accessing healthcare for HHs:



Map 4: Location of health facilities in cluster one



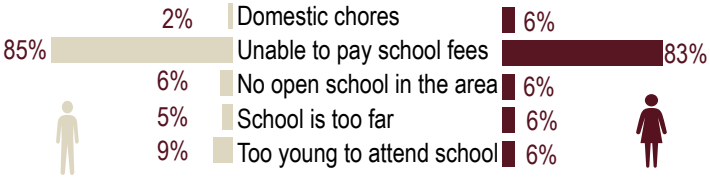
EDUCATION

FGD participants in cluster one reported that school aged children between the ages of 4 - 17 years,[11] access educational facilities outside the cluster since there are no public primary or secondary schools within the boundaries of the cluster. However, there is only one school privately owned that enrolls only orphans. The majority of KI respondents in education facilities reported there are not enough classrooms in schools as a major problem with an average of 110 students per class. Additionally, some KIs reported problems included lack of enough reading materials and long distances to the facilities for children in cluster one.

Existing education facilities accessed by HHs:

3	Primary school
1	Secondary school
1	Early child development (ECD), primary and islamic

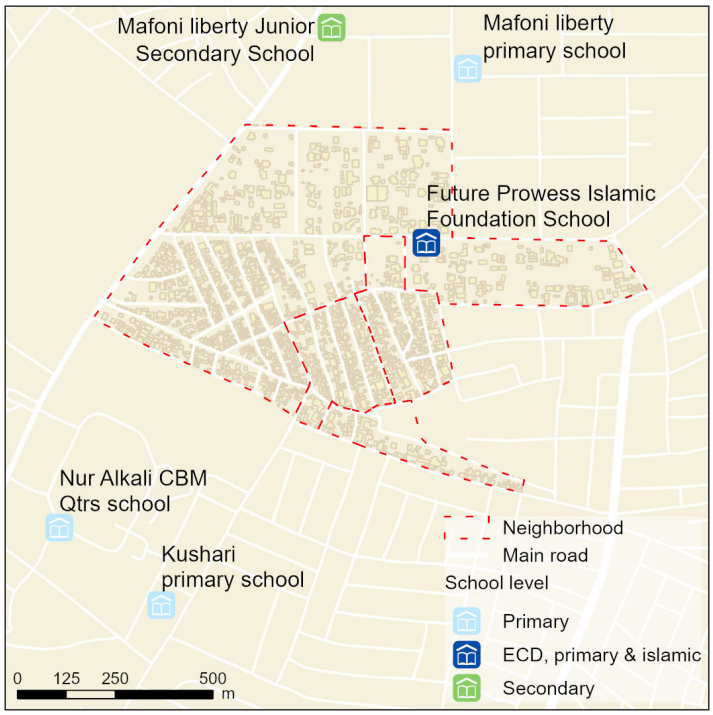
Reported barriers for children attending school:[10]



28% of school aged boys do not attend school.

26% of school aged girls do not attend school.

Map 5: Location of school facilities in cluster one



10. Households could select multiple answers

11. School aged children ranges between 4 - 17yearrs.

WATER, SANITATION & HYGIENE (WASH)

Thirty four percent (34%) of HHs in this cluster reported not having enough water in the last 30 days prior to data collection. FGD participants reported "extended queuing at water points" as one of the main barriers they face in accessing water. FGDs also noted the cost of buying water from vendors as a major challenge. When asked about coping strategies for lack of enough water, 39% of the HHs reported reducing water consumption for purposes other than for drinking. KIs at water points reported long distance to most of the water points as one of the major challenges in the neighbourhood. The provision of more water facilities was emphasized as a key priority according to FGD participants.

Table 4: Number of water facilities reported by KIs in cluster one

Water source	Number of water points
Borehole	8
Handpump	6
Public tap	3

5

of the boreholes are non-functional[12]

A water point is shared by **141** HHs on average in cluster one

Most commonly reported sources of drinking water by HHs:

Borehole	55%
Water vendor	27%
Public tap	8%

62% of HHs reported paying for water for drinking purposes

Top reported coping strategies by HHs for lack of enough water:[10]

Reduce water consumption for bathing, washing and cleaning	39%
Fetch water from an alternative water point further away	35%
Reduce water quantity for drinking	13%

Top reported methods of treating water by HHs:

Water filter	71%
Aquatab	16%
Boiling	13%

Sanitation

There are **16** blocks of public latrines in cluster one, each block having an average of four latrines. Only **10** out of the **16** are fully functional.

Top 5 reported problems at latrine blocks reported by KIs:[10]

Not safe (e.g no door, no lock)	81%
No segregation between men and women	69%
Not enough facilities/too crowded	63%
Latrines are unclean/unhygienic	63%
Cesspit is full	38%

Reported latrine types accessed by HHs:

62%	Personal private
20%	Public
18%	Shared private

An average of **6** HHs share one latrine

68% of HHs reported that they are satisfied with the quality of latrines

Reported handwashing practices by HHs:

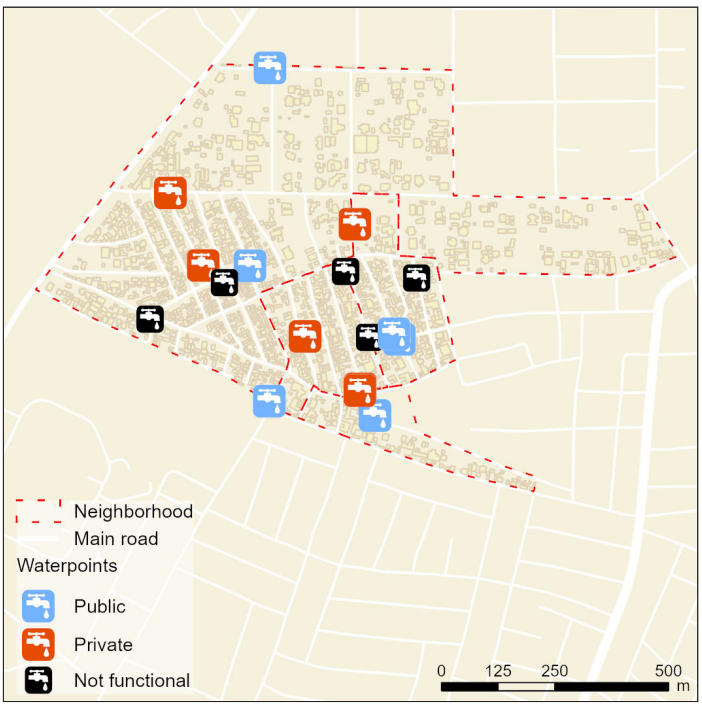
Water and soap	55%
Water only	41%
Water and ash	3%
Ash only	1%

Most commonly reported garbage disposal methods by HHs:

Dedicated site left in open area	37%
Burn garbage	30%
Dedicated site collected by public authorities	19%
Bury garbage	7%
Dispose garbage anywhere in the open area	6%

88% of HHs reported that garbage was collected on a weekly basis

Map 6: Location of water points in cluster one



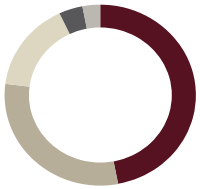
12. Water point non-functional means that people are not able to fetch water from this water point

HOUSING, LAND & PROPERTY

Most commonly reported shelter types used by HHs:

Masonry building	83%
Traditional house	13%
Makeshift shelter	3%
Emergency tent	1%

Reported HHs occupancy status:



47%	Paid rent
32%	Own property
16%	Hosted by relative
4%	Squatting with permision
3%	Hosted by community member

608 Average cost of rent per month in Naira[13] paid by HHs

IDPs reported occupancy status prior to displacement:

Own property	79%
Paid rent	9%
Hosted by relative	8%
Squatting with permision	3%
Hosted by community member	2%
Hosted in government owned property	1%

9% of HHs reported to have been threatened with eviction in their current shelter

6% of HHs had reportedly left their previous shelter within one year prior to data collection

Most commonly reported reasons that HHs had left their previous shelter in the one year prior to the assessment:[14]

Fear of eviction	39%
Eviction by force	35%
Regular lateness with paying rent	17%
Harrassment from neighbours	13%
Lack of documentation	4%

PROTECTION & SOCIAL COHESION

The participants in the FGDs reported that the relationship between IDPs and the host community is cordial and supportive, they inter-marry and attended each other's ceremonies. The participants from IDP FGDs reported that they feel being part of the community but had to self-impose movement restrictions at night to prevent harrassment especially on their female children from hoodlums within the neighbourhood as there are no means of securing it at night.

99% of IDP HHs reported that they feel safe in the neighbourhood

97% of HHs reported that they did not experience movement restrictions in the two months prior to data collection

Reported ownership of documentation by HHs:

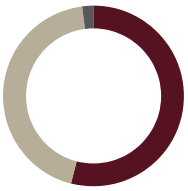
57%	Some members have documents
37%	All members have documents
6%	No member has documents

Most commonly reported types of documents possesed by HHs:[10]

National ID	82%
Voter card	79%
Birth certificate	46%

46% of HHs overall reported possessing birth certificate. This proportion was more prevalent for hosts (57%) than for IDPs (35%).

Reported ease of obtaining documents by HHs:[15]



54%	Difficult
44%	Easy
2%	Don't know[16]

36% IDP HHs reported having at least one member who lost documents during transit

Of the overall HHs that reported obtaining documents was difficult, the proportion of IDPs (62%) appeared to be high when in comparison with hosts (48%). Furthermore, of those that reported obtaining documents was difficult, **82%** of HHs reported that the process takes a long time.

INCOME AND EXPENDITURE

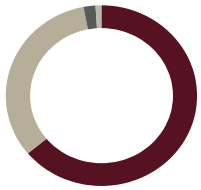
Most commonly reported largest HH expenditures:

The most commonly reported largest HH expenditure was food, cited by **80%** HHs overall. This proportion was slightly more prevalent for IDP HHs (84%) than for host community HHs (76%).

The most commonly reported second largest expenditure was education, cited by **29%** HHs overall. This proportion was slightly more prevalent for host community HHs (36%) than for IDP HHs (23%).

The most commonly reported third largest expenditure was health, cited by **31%** HHs overall. This proportion was slightly more prevalent for host community HHs (34%) than for IDP HHs (29%).

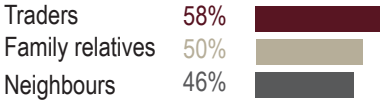
% of HHs reporting having financial debt:



64%	Yes
33%	No
2%	Don't know[16]
1%	No response

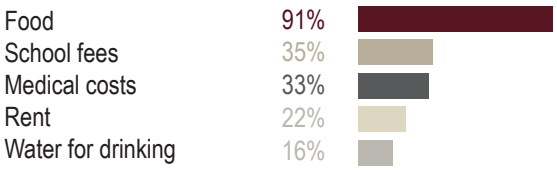
13. Approximately 1.7 USD
14. This is a subset of the 6% of HHs reported to have left their previous shelter in the one year prior to data collection
15. Only among those who lost documents on transit
16. Do not know because they have not tried or they do not remember

Top 3 most common debt lenders reported by HHs:



IDP HHs borrow more from traders (59%) than they would from neighbours (35%) as compared with host community HHs, (57% and 56%) respectively.

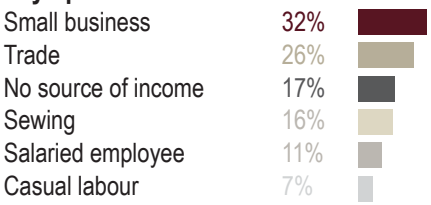
Top 5 most reported use of borrowed money by HHs:



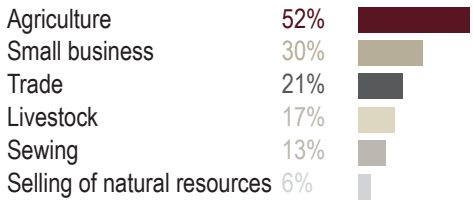
Findings from the HH survey shows that IDP HHs (68%) reported having slightly more debt than host community HHs (62%). Overall, 35% of HH reported using the borrowed money for education. The proportion of IDP HHs are less likely to use money borrowed for education than host community as 28% of IDP HHs reported using the borrowed money for education, as compared to 42% of the host community HHs.

96% of IDP HHs reported using borrowed money for food, as compared to **85%** of the host community HHs. IDPs are more likely to use money borrowed for food than hosts.

Most commonly reported sources of HH income in the 30 days prior to data collection:



Most commonly reported sources of income by IDP HHs in their previous location prior to displacement:[10]



FGD participants in cluster one mentioned several challenges faced by HHs with regard to livelihood and income. Main challenges reported included lack of capital to set up a business, skills mismatch and stiff competition for the available jobs. It was further reported that IDP HHs find it especially difficult to get a job.

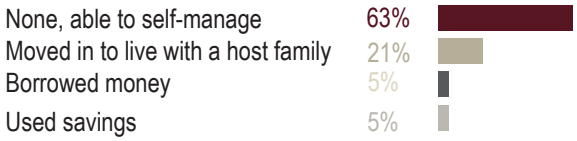
22% of HHs reported that their children contributed to HH income

SAFETY, RESILIENCE & HAZARDS

In cluster one, FGD participants reported flooding as one of the major hazards affecting HHs in the neighbourhood. A number of IDP HHs in this cluster stay in low floodplains,[17] which makes them more prone to the effects of floods. Other hazards mentioned by FGD participants were fire and diseases outbreaks. Thievery and robbery were some of the safety risks cited to be very common in the neighbourhood according to FGD participants.

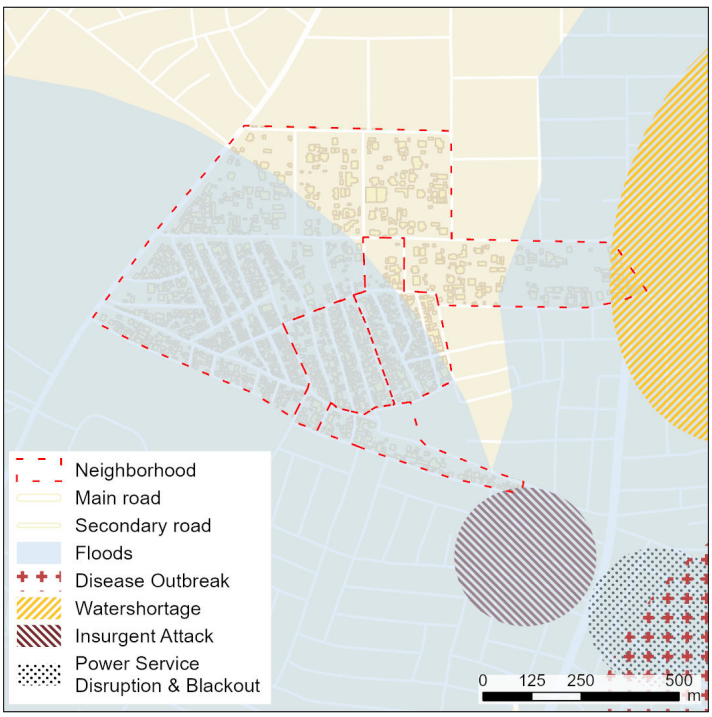
FGD participants stated that hazards like flooding forces them to leave their homes. In most cases, they are hosted by family members or shelters arranged by the bulamas. Participants also reported minimal or no support from either government or non-governmental organizations when hazards occur. In most cases, the community comes together to support commuity members affected by disaster which is often unreliable and leaves needs unmet.

Most commonly reported disaster coping strategies by HHs:[10]



Most commonly reported source of support by HHs:[10]

Map 7:[18] Hazard participatory mapping in cluster one



DISPLACEMENT[19]

Push and pull factors

From the HH survey, a majority of the IDP HHs (**98%**) reported that they left their areas of origin due to conflict and insecurity. Another **19%** left due to lack of food, while **17%** cited lack of shelter as a reason for leaving their areas of origin. Majority of the IDPs comes from Konduga (31%), Damboa (20%), Bama (18%) LGAs respectively.

The majority of IDP HHs in cluster one (**96%**) reported availability of security in their current location as a major factor that encouraged them to move to these neighbourhoods from their areas of origin.

17. These are areas that are prone to flooding during rainy season.
18. Data sources: Hazard area: FGDs conducted by AGORA on 11 febuary 2020. The map shows location of hazards that occurred in the past 5 years and should be considered indicative only.
19. Findings in this section are representative of IDP HHs only

Top 3 push and pull factors for displaced HHs:

Push factors from areas of origin		Pull factors to current location	
Lack of security	1	Availability of security	1
Lack of food	2	Access to food	2
Lack of shelter	3	Access to shelter	3

Family separation

38% of IDP HHs reported that they had at least one member separated during displacement. Of these, **59%** reported that the separated members have been reunited with them. Of those who reported not to have been reunited with their separated members, **21%** reported that they were receiving support to locate these missing members mainly from International Commitee of the Red Cross (ICRC).

Map 8: Location of map showing displacement pattern

MOVEMENT INTENTIONS[19]

FGD participants reported that they would like to return to their areas of origin if security is restored. However in order to return, they cited that certain support needed to be provided, like support to reconstruct houses, provision of basic services and means of livelihood.

Likelihood of return to areas of origin by HHs in the next six months:

Very likely to return	55%
Certain to return	31%
Will not return	8%
Unlikely to return	6%

Of the IDP HHs that were certain to return to their areas of origin (31%), top reported reasons why they were certain:[10]

Area of origin is safer[20]	42%
Desire to return	37%
Temporary return	12%

Of the IDP HHs that were very likely (55%) or certain (31%) to return, reported they would return to their areas of origin in the following timelines:

Don't know	58%
In six months	19%
In more than six months	16%
In a month	7%

Of the IDP HHs that reported they will not return (8%) to their areas of origin, main reported reasons why they were considering not to return:[10]

Do not feel safe to return	64%
Lack of livelihood opportunities	50%
Lack of assets in area of origin	43%

According to FGD participants, unwillingness to retun to areas of origin was related to already being hosted by family members, having a job and having children enrolled in school. Some other participants mentioned that they do not have anywhere else to go.

Likelihood of staying in current location by HHs:

Very likely to stay	47%
Certain to stay	26%
Unlikely to stay	23%
Will not stay	4%

Main reasons why IDP HHs want to stay in current location:[10]

Good security	94%
Livelihood opportunities	40%
Access to basic services	24%
Connection to community	24%

Likelihood of resettlement to a different location by HHs:

Very likely to resettle	47%
Will not resettle	20%
Unlikely to resettle	18%
Certain to resettle	15%

Participants from FGDs reported that most HHs that wanted to be resettled to another location other than their areas of origin, would do so if they have been invited by family members or if they have access to job opportunities.

Top 3 reasons why IDP HHs would want to resettle to another location other than their area of origin:[10]

Insecurity in the area of origin	79%
Work/income opportunities	11%
Presence of friends/family members	7%

20. Response is most likely the perception of IDP HHs

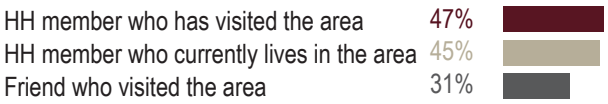
INFORMATION AND LEGAL ASSISTANCE

Access to information[19]

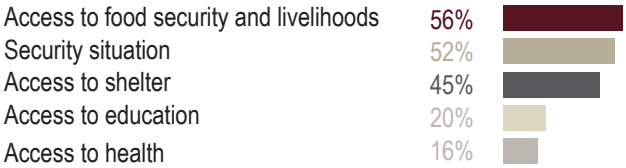
FGD participants reported that they have access to information regarding general security, access to basic services and access to humanitarian services in the neighbourhood mainly from the bulama, radio, television or via phone.

58% of IDP HHs reported receiving information about areas of origin. Of these, **33%** reported to receive this information on a weekly basis. **91%**[21] of IDP HHs reported they trust the information received.

Top 3 reported sources of information by HHs about area of origin:[10]



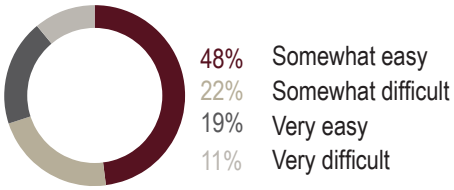
Most commonly reported types of information received by HHs:[10]



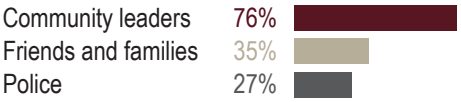
Justice system

FGD participants reported that there is no formal justice system within the neighbourhood. However, disputes or strong disagrements among residents within the neighbourhood are resolved by the community or traditional leaders. Where this is the case, relevant parties to the conflict are invited to sit with the traditional leaders who then arbitrates and decides on a resolute solution. Heads of community groups, influential community leaders, religious leaders or elders, camp leaders in the case of IDPs at one point in time serves as mediators or dispute resolutors. However when the situation is above them, the traditional leaders who serves as the head of the informal/traditional justice system takes the lead.

Reported ease of accessing legal assistance by HHs:



Top 3 reported security providers by HHs:[10]



21. This is a subset of the 58% who reported receiving information

CLUSTER TWO (Waziri Musa Street, A.B Hassan Street, Malut Shuwa Street and Sheik Ibrahim)

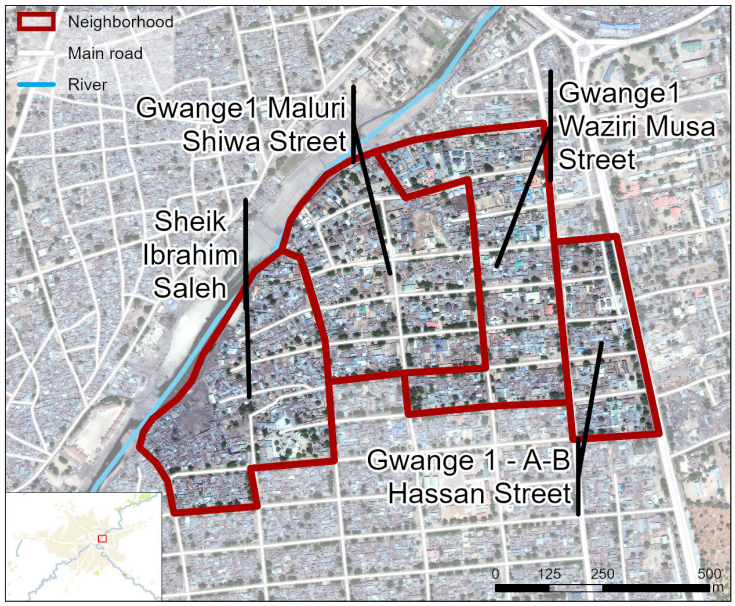
Cluster overview

Cluster two comprises of four neighbourhoods namely: Waziri Musa street, A.B Hassan street, Malut Shuwa street and Sheik Ibrahim Saleh. These neighbourhoods are situated in Gwange ward which is one of the fifteen political administrative units in Maiduguri metropolitan council (MMC) and represented by the ward head also known as the Lawan. There are four hamlet heads also known as bulama's in this cluster, one for each neighbourhood. Community leaders, religious leaders, community based groups could also act as local actors within the neighbourhood.

Table 5: Estimated population figures[9]

Estimated total population (individuals)	30500
Estimated total no. of Host community HHs	5042
Number of HH interviews conducted	608

Map 9: Cluster overview

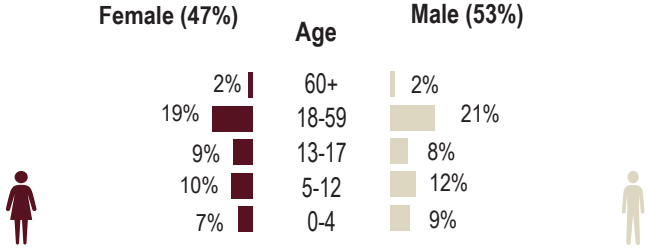


KEY FINDINGS

- Movement intentions: Findings from the HH survey showed that 64% of the displaced HHs survey in cluster two reported that they were very likely to return to their area of origin in the next six months following data collection. Fifteen percent (15%) of IDP HHs reported that they will not return within the next six months, while 14% are unlikely and 7% certain to return to their area of origin in the next six months.
- Displacement: One hundred percent (100%) of IDP HHs reported that conflict and insecurity were the main reasons as to why they had left their areas of origin. The main factor for HHs to arrive in the current location was presence of security, as reported by 99% of HHs.
- Health: KIs revealed that there was only one hospital in cluster two accessible to HHs. One of the major challenges faced by health facilities assessed according to KIs was lack of medical equipment. Other challenges included inadequate medicine supplies and inadequate medical staff. High cost of medical services and medicine was the most frequently reported difficulty faced by HHs in accessing medical treatment and/or advice.
- WASH: KIs at water points reported that long distance to water points and queuing at water points were some of the major challenges faced when accessing water. According to FGD participants, HHs had to resort to reducing water used for other purposes other than drinking in order to cope with shortages of water as access to water remains a major issue in cluster two.
- Livelihoods: In all FGDs, some participants mentioned petty trading or hawking, brick laying and selling goods at the market as some of the major sources of income for people residing in their neighbourhoods. Twenty eight (28%) of IDP HHs engages in small businesses. According to the HH data, children in IDP HHs aged 1-5 were reportedly slightly more frequently contributing to HH income (32%) as compared to host community HHs (27%).
- Education: FGD participants in cluster two reported that school aged children access educational facilities outside the neighbourhood since there are no schools within the neighbourhood. According to KIs at assessed schools, lack of enough school materials, not enough teachers in schools remain some of the major challenges faced with accessing schools.

DEMOGRAPHICS

% of individuals by age group:



Female-headed HHs: 2%

Average HH size: 11.5

Approximately **608** of the assessed HHs reported to be IDPs of which 58% had been living in the current location for over five years and 34% between three to four years

Reported household living arrangements:

Living with family members only	56%
Living with family and other relatives	24%
Living with family and other non-relatives	20%
Living with non family members only	0%
Living alone	0%

46% of HHs reported paying rents for accommodation.

HEALTH

Findings from the KIs reported that there was only one hospital accessible to households. According to KIs, lack of medical equipment, inadequate medicine supplies and power shortage among others were identified as some of the challenges faced at health facilities hindering their full operational capacity. In all FGDs, some participants reported that people living in their neighbourhood had to go outside of it to access health facilities causing them to walk long distances to seek healthcare. Other challenges reported by FGD participants regarding healthcare access included: lack of adequate transport means, high cost of health services, congestion and queing at health facility.

Number of health facilities in cluster two:

Pharmacy	Hospital	Dispensary	Clinic
9	1	1	1

HHs reported first choice of health facility for treatment:[10]

General Shop	55%
Government hospital	36%
Pharmacy	3%
Private hospital	2%
Mobile clinic	2%

HHs reported distance to nearest health facility:

71% Less than 2km
21% Between 3 and 5 km
7% More than 5 km
1% Don't know

Top HH reported barriers to accessing healthcare:[10]

High cost of services and medicine	35%
No medicine available	5%
Health facility too far	5%

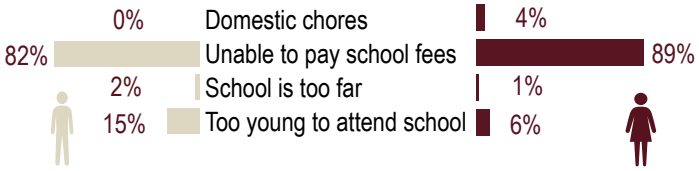
EDUCATION

FGD participants in cluster two reported that school aged children between the ages of 4 - 17 years, access educational facilities both within and outside the cluster. According to participants from FGDs with host community and IDPs, high cost of education especially for secondary school levels, lack of school materials and lack of qualified teachers were some of the major barriers to children and young adults accessing education services in the neighbourhood. Additionally, some KIs in education facilities also reported there are not enough WASH facilities in school.

Existing education facilities accessed by HHs:

1	ECD, primary, secondary and islamic
2	Primary school
1	Secondary school

Reported barriers for children attending school:

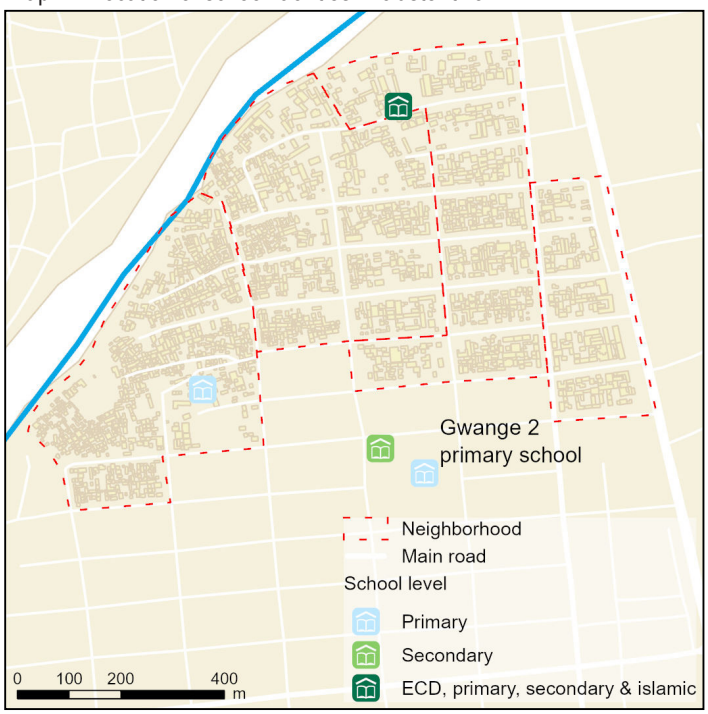


19% of school aged boys do not attend school.

18% of school aged girls do not attend school.

Map 10: Location of health facilities in cluster two

Map 11: Location of school facilities in cluster two



WATER, SANITATION & HYGIENE (WASH)

Twenty one percent (21%) of HHs in cluster two reported not having enough water in the last 30 days prior to data collection. FGD participants reported that they do not have enough water points in cluster two to meet their water needs. Public water points are not reliable due to inadequate opening hours largely caused by erratic power supply and lack of fuel to power the boreholes affecting functioning of water points. This has forced HHs to seek access to water from water vendors reported to be very expensive. When asked about coping strategies for lack of enough water, 43% of the HHs reported reducing water consumption for purposes other than for drinking. KIs at water points reported damaged, insufficiency of water at water points and quality of water at some water points as the major challenges in the neighbourhood. The provision of more water facilities was emphasized as a key priority according to FGD participants.

Table 6: Number of water facilities reported by KIs in cluster two

Water source	# of water points	# of water points non-functional[12]
Borehole	13	4
Public tap	5	2
Protected well	7	0
Piped into dwelling	2	0
Public water network	2	0
Hand pump	3	1

A water point is shared by **87** HHs on average in cluster two

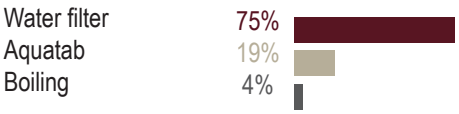
Most commonly reported sources of drinking water by HHs:

69% of HHs reported paying for water for drinking purposes

Top reported coping strategies by HHs for lack of enough water:[10]

Reduce water consumption for bathing, washing, cleaning	43%
Fetch water from an alternative water point further away	29%
Fetch water from an alternative water point from less safe location	25%

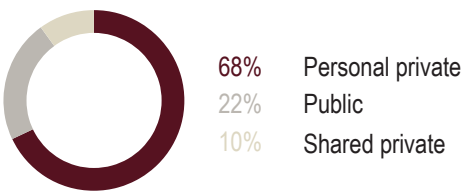
Top reported methods of treating water by HHs:



Sanitation

There are **13** blocks of public latrines in this cluster , each block having an average of four latrines. Only **4** out of the **13** are fully functional.

Reported latrine types accessed by HHs:



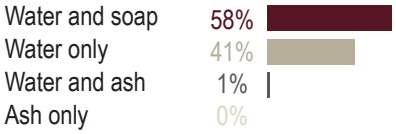
An average of **3** HHs in cluster two, share one latrine

Top 5 reported problems at latrine blocks reported by KIs:

Latrines are unclean/unhygienic	85%
Not safe (e.g no door, no lock)	69%
Structure is damaged	69%
No segregation between men and women	61%
Cesspit is full	46%

62% Of HHs reported that they are satisfied with the quality of latrines

Reported handwashing practices by HHs:

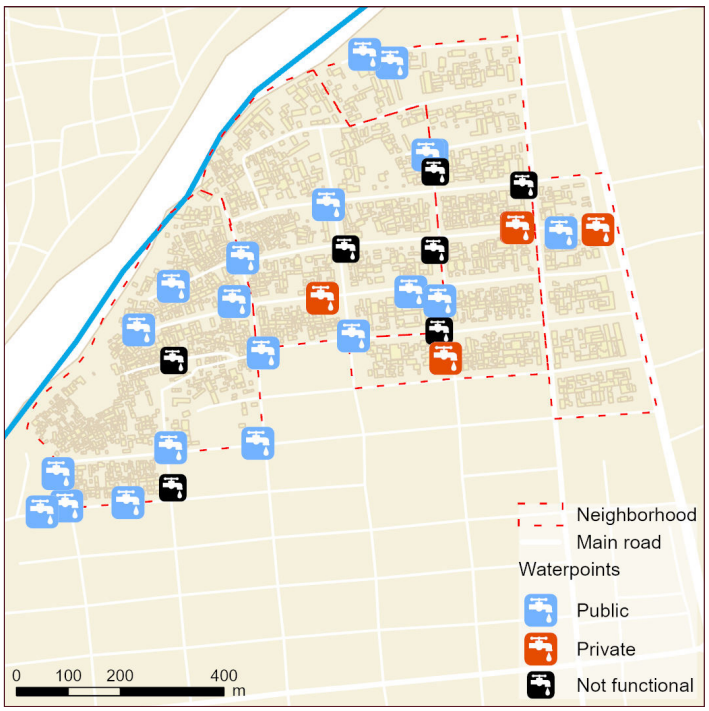


Most commonly reported garbage disposal methods by HHs:

Dedicated site left in open area	63%
Burn garbage	15%
Dedicated site collected by public authorities	11%
Disposes garbage anywhere in open area	9%
Bury garbage	2%

78% of HHs reported that garbage was collected on a weekly basis

Map 12: Location of water points in cluster two

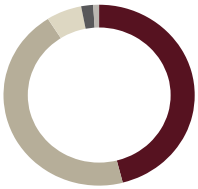


HOUSING, LAND & PROPERTY

Most commonly reported Shelter types used by HHs:

Masonry	89%
Traditional	7%
Makeshift	3%
Tent	1%

Reported HHs occupancy status:



46%	Paid rent
45%	Own property
6%	Hosted by relative
2%	Squatting with permision
1%	Hosted by community member

618 Average cost of rent per month in Naira[13] paid by HHs

Reported IDP's occupancy status prior to displacement:

Own property	82%
Paid rent	16%
Hosted by relative	2%
Hosted by community member	1%

9% of HHs reported to have been threatened with eviction in their current shelter

2% of HHs had reportedly left their previous shelter within one year prior to data collection

Most commonly reported reasons that HHs had left their previous shelter in the one year prior to the assessment:[10,22]

Eviction by force	57%
Fear of eviction	29%
Regular lateness with paying rent	21%

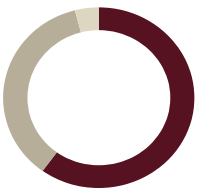
PROTECTION & SOCIAL COHESION

The participants in the FGDs reported presence of peaceful coexistence between IDPs and host community. They are supportive of each other and they attend each other's ceremonies. The IDPs recalled that they feel being part of the community.

97% of IDP HHs reported that they feel safe in the neighbourhood

99% of HHs reported that they did not experience movement restrictions in the two months prior to data collection

Reported ownership of documentation by HHs:



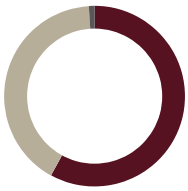
60%	Some members have documents
36%	All members have documents
4%	No member has documents

Most commonly reported types of documents possesed by HHs:[10]

Voter card	86%
National ID	84%
Birth certificate	48%

48% of HHs overall reported possessing birth certificate. This proportion was more prevalent for hosts (57%) than for IDPs (38%).

Reported ease of obtaining documents by HHs:[15]



58%	Difficult
41%	Easy
1%	Don't know[16]

39% of IDP HHs reported having at least one member who lost documents during transit

Of the overall HHs that reported obtaining documents was difficult, the proportion of IDPs (61%) appeared to be high when in comparison with host community HHs (39%). Furthermore, of those that reported obtaining documents was difficult, **89%** of HHs reported that the process takes a long time.

INCOME AND EXPENDITURE

A majority of the people living in this cluster depend on daily wages and services from the informal economy which in the vast majority of cases, require direct human interaction. This is evident as suggested by the high proportion of HHs reporting small businesses as their major source of income. In addition, in all FGDs, some participants mentioned petty trading or hawking, brick laying, sewing and selling goods at the market as some of the major sources of income for people residing in their neighbourhoods. Also, FGD participants cited lack of capital as a key factor affecting businesses. Other reported challenges are skills mismatch and competition for any available jobs.

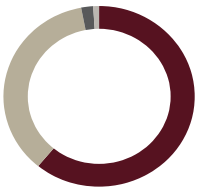
Top three reported largest HH expenditures:

The most commonly reported largest HH expenditure was food, cited by **77%** of HHs overall. This proportion was slightly more prevalent for IDP HHs (79%) than for host community HHs (74%).

The most commonly reported second largest HH expenditure was education, cited by **33%** of HHs overall. However, rent was reportedly the most common second largest expense by IDP HHs **(27%)**.

The most commonly reported third largest HH expenditure was health, cited by **33%** of HHs overall.

% of HHs reporting having financial debt:



61%	Yes
36%	No
2%	Don't know[16]
1%	No response

Top 3 most common lenders reported by HHs with debt:

Family	60%
Traders	55%
Neighbours	45%

22. A subset of the 2% reported to have left their previous shelter within one year prior to data collectiont

Top 5 most reported use of borrowed money by HHs:[10]

Food	88%
School fees	34%
Rent	29%
Medical cost	27%
Water for drinking	11%

Most commonly reported sources of HH income in the 30 days prior to data collection:[10]

Small business	33%
Trade	26%
No source of income	16%
Salaried employee	13%
Sewing	10%
Casual labour	9%

Most commonly reported sources of income by IDP HHs in their previous location prior to displacement:[10]

Agriculture	49%
Small business	28%
Trade	25%
Livestock	20%
Sewing	5%
Selling of natural resources	3%

29% of HHs reported that their children contribute to household income

SAFETY, RESILIENCE & HAZARDS

In cluster two, FGD participants reported flooding as one of the major hazard affecting HHs in the neighbourhood. Other hazards reported by FGD participants were fire, windstorms and diseases outbreaks. When hazards or disasters take place, FGDs reported that they had been displaced outside the neighbourhood and are hosted by family members. Participants also reported minimal or no support from either the government or non-governmental organizations when hazards occur. In most cases, the community comes together to support community members affected by flooding, block waterflow into their homes with sandbags and pave way for water outflow reducing or preventing flooding.

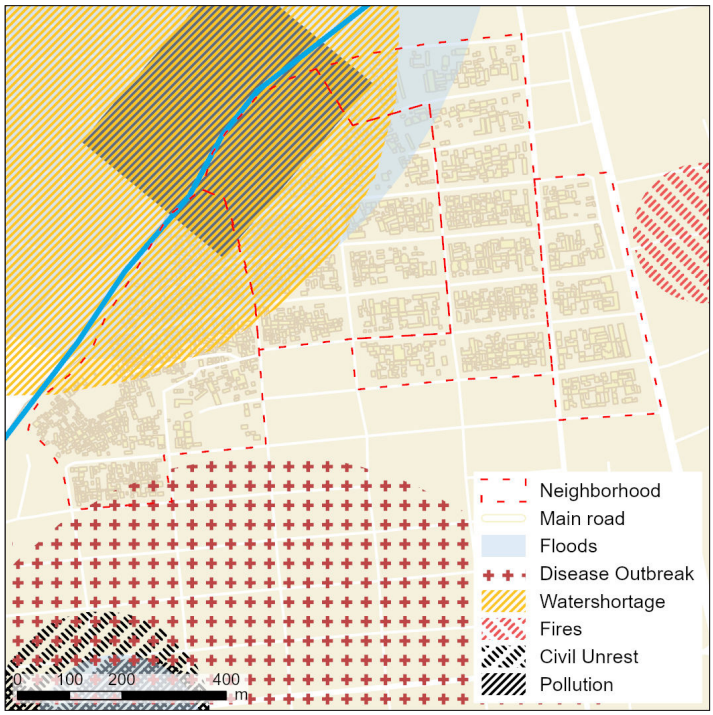
Most commonly reported disaster coping strategies by HHs:[10]

None, able to self- manage	80%
Moved in to live with a host family	7%
Had to sleep in the open	5%
Used savings	4%

Most commonly reported source of support by HHs:[10]

Family member	41%
Community member	25%
State agencies	14%

Map 13:[18] Hazard participatory mapping in cluster two



DISPLACEMENT[19]

Push and pull factors

From the HH survey, all of the IDP HHs **(100%)** reported that they left their area of origin due to conflict and insecurity. Another **17%** left due to lack of food, while **15%** cited lack of shelter as a reason for leaving their area of origin. Majority of the IDPs comes from Marte (18%), Ngala (16%), Bama (15%) LGAs respectively. The majority of IDP HHs in cluster two **(99%)** reported availability of security in their current location as a major factor that encouraged them to move to these neighbourhoods from their areas of origin.

Top 3 push and pull factors for displaced HHs:

Push factors from areas of origin		Pull factors to current location	
Lack of security	1	Availability of security	1
Lack of food	2	Access to food	2
Lack of shelter	3	Access to shelter	3

Family separation

36% of IDP HHs reported that they had at least one member separated during displacement. Of these, **52%** reported that the separated members have been reunited with them. Of those who reported not to have been reunited with their separated members, **18%** reported that they were receiving support to locate these missing members mainly from other family members.

Map 14: Location of map showing displacement pattern

MOVEMENT INTENTIONS[19]

FGD participants reported that they would like to return to their areas of origin if security is restored. However in order to return, they cited that certain support needed to be provided, like assistance on provision of NFI, support to reconstruct houses, provision of basic services and means of livelihood in their areas of origin when they return.

Likelihood to return to areas of origin by HHs in the six months after data collection:

Very likely to return	64%
Will not return	15%
Unlikely to return	14%
Certain to return	7%

Of the IDP HHs that were certain to return to their areas of origin (7%), top reported reasons why they were certain:[10]

Desire to return	46%
Area of origin is safer[20]	38%
Work opportunity	12%

Of the IDP HHs that were very likely (64%) or certain (7%) to return, reported they would return to their areas of origin in the following timelines:

Don't know	85%
In six months	0%
In more than six months	15%
In a month	0%

Of the IDP HHs that reported they will not return (15%) to their areas of origin, main reported reasons why they were considering not to return:[10]

Do not feel safe to return	65%
Lack of livelihood opportunities	38%
Armed group preventing return	35%

According to FGD participants, unwillingness to return to areas of origin is due to ongoing conflict and insecurity, some are having jobs, their children are already enrolled in school and they are being hosted by family members. Some other participants mentioned that they do not have anywhere else to go.

Likelihood of staying in current location by HHs:

Very likely to stay	51%
Unlikely to stay	22%
Certain to stay	21%
Will not stay	6%

Main reasons why IDP HHs want to stay in current location:[10]

Good security	97%
Connection to community	46%
Access to basic services	24%

Likelihood of resettlement to a different location by HHs:

Very likely to resettle	46%
Will not resettle	27%
Unlikely to resettle	24%
Certain to resettle	3%

Participants from FGDs reported that most HHs that wanted to be resettled to another location other than their areas of origin, would do so if they have been invited by family members or if they have access to job opportuniies.

Top 3 reasons why IDP HHs would want to resettle to another location other than their area of origin:[10]

Insecurity in the area of origin	80%
To seek for work/income opportunities	20%
Desire to stay in a new location	20%

INFORMATION AND LEGAL ASSISTANCE

Access to information[19]

FGD participants reported that they have access to information regarding general security, access to basic services and access to humanitarian services in the neighbourhood mainly from the bulama, radio, television or via phone.

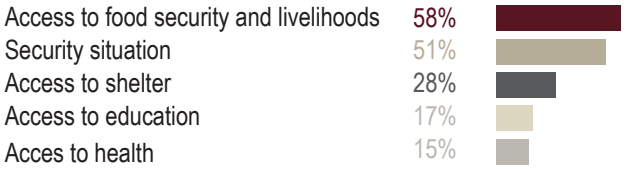
56% of IDP HHs reported receiving information about areas of origin. Of these, **26%** reported to receive this information on a weekly basis. The majority (96%)[23] of IDP HHs reported that they trust the information received.

Top 3 reported sources of information by HHs about area of origin:[10]

HH member who has visited the area	50%
Friend who visited the area	35%
HH member who currently lives in the area	30%

23. This is a subset of the 56% who reported receiving information about areas of origin

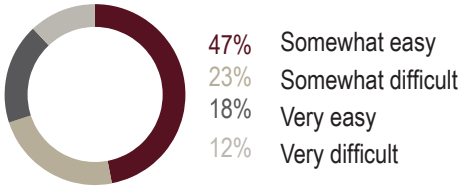
Most commonly reported types of information received by HHs:[10]



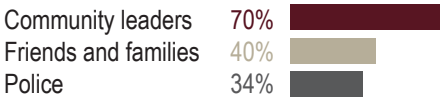
Justice system

FGD participants from host community, IDPs and community leader reported that there is no formal justice system within the neighbourhood. However, disputes or strong disagreement among residents within the neighbourhood are resolved by the community or traditional leaders. Where this is the case, relevant parties to the conflict are invited to sit with the traditional leaders who then arbitrates and decides on a resolute solution. Heads of community groups, influential community leaders, religious leaders or elders, camp leaders in the case of IDPs at one point in time serve as mediators or dispute resolutors. However when the situation is above them, the traditional leaders who serve as the head of the informal/traditional justice system takes the lead.

Reported ease of accessing legal assistance by HHs:



Top 3 reported security providers by HHs:



CLUSTER THREE (Alhaji Tar, Goni Kachallari, Ngirmari Farm Centre)

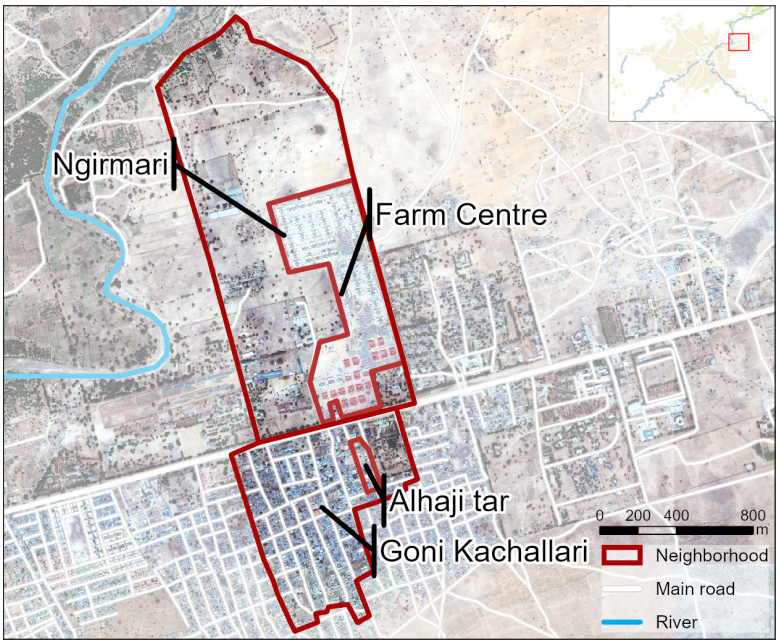
Cluster overview

Cluster three comprises of three neighbourhoods namely: Goni Kachallari, Alhaji Tar and Ngirmari (Farm Centre) situated in Mashamari and Dusuman ward respectively, in Jere LGA. Farm centre is a formal IDP camp inside Ngrimari and run by IOM. There are a few host community HHs (less than 100) living in Ngrimari area. Alhaji Tar is a small settlement hosting only IDPs (over 1000 HHs). There are two bulamas in this cluster, one each for Farm Centre and Goni Kachallari neighbourhoods with the camp leader representing the IDPs in Alhaji Tar and overseen by the Bulama of Goni Kachallari. Community leaders, religious leaders, community based groups could also act as local actors within the neighbourhood.

Table 7: Estimated population figures[9]

Estimated total population (individuals)	22000
Estimated total no. of Host community HHs	768
Estimated total no. of IDP HHs	6217

Map 15: Cluster overview

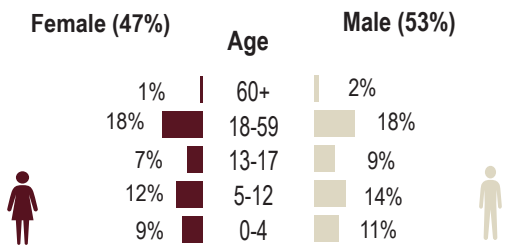


KEY FINDINGS

- Movement intentions: Findings from the HH survey showed that 71% of the displaced HHs in cluster three reported that they were very likely to return to their area of origin in the next six month. Five percent (5%) of IDP HHs reported that they will not return within the next six months following data collection, while 16% of IDPs are certain and 8% unlikely to return to their areas of origin in the next six months following data collection.
- Displacement: One hundred percent (100%) of IDP HHs reported that conflict and insecurity were the main reasons as to why they had left their areas of origin. The main factor for HHs to arrive in the current location was presence of security as reported by 100% of HHs.
- Health: KIs revealed that there is only one hospital in cluster three accessible to HHs. One of the major challenges faced by health facilities assessed according to KIs was damaged structure of facilities. Other reported challenges include inadequate medicine supplies/medical equipment and lack of medical staff. High cost of medical services and medicine and distance or lack of transportation to health facilities were the most frequently reported difficulties faced by HHs in accessing medical care and/or advice.
- WASH: KIs at water points reported that damaged structures of water points, insufficiency of water and queuing at water points were some of the major challenges faced when accessing water. According to FGD participants, some water points are either not reliable or non-functional resulting in not enough water points available to address water shortages.
- Livelihoods: In all FGDs, some participants mentioned petty trading or hawking, tailoring, sewing and rearing of livestock as some of the major sources of income for people residing in their neighbourhoods. Thirty percent (30%) of IDP HHs reportedly engage in small businesses. According to HH data, 39% HHs reported that children aged 1-5 were contributing to HH income.
- School: The majority of KI respondents in education facilities reported lack of WASH facilities at school as a major problem faced by schools in the cluster.

DEMOGRAPHICS

% of individuals by age group:



Female-headed HHs: 2%

Average HH size: 10.2

Approximately **1650** HHs reported to be IDPs of which 62% had been living in the current location for over five years and 34% between three to four years

Reported HH living arrangement:

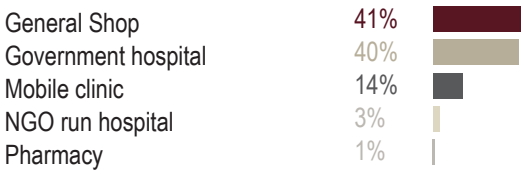
Living with family members only	61%
Living with family and other relatives	23%
Living with family and other non relatives	15%
Living alone	1%
Living with non family members only	0%

37% of HHs reported paying rents for accommodation. The proportion of HH paying rent differs a little depending on their displacement status.for eg. (28%) of IDPs compared to (49%) of host community HHs.

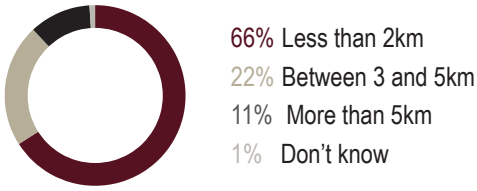
HEALTH

Findings from the KIs reported that there was only one hospital accessible to HHs in cluster three. In all FGDs, some participants reported that people living in their neighbourhood had to go outside of it to access health facilities causing them to walk long distances to seek healthcare. According to KIs, damaged structures of health facilities, lack of medical equipment and inadequate medicine supplies among others were identified as some of the challenges faced at health facilities hindering full operational capacity. Other challenges reported by FGD participants in accessing healthcare are lack of adequate means of transportation, high cost of health services, lack of medications/medical care, congestion and queing at health facility.

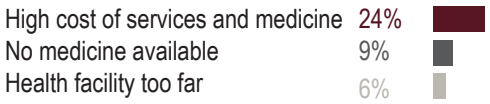
HHs reported first choice of health facility for treatment:[10]



HHs reported distance to nearest health facility:



Top reported barriers to accessing healthcare for HHs:



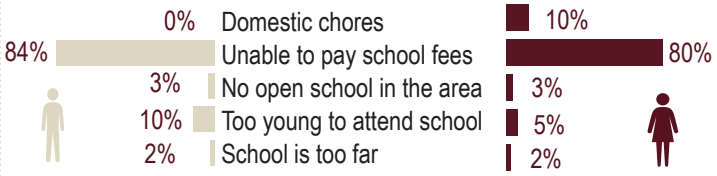
EDUCATION

FGD participants in cluster three reported that school aged children between the ages of 4 - 17 years,[11] access educational facilities within and outside the cluster. According to participants from FGDs with host community and IDPs, lack of adequate classrooms in schools, lack of school materials and lack of qualified teachers were some of the major barriers to children and young adults accessing education services in the neighbourhood. The majority of KI respondents in education facilities reported lack of WASH facilities at school as a major problem faced by schools.

Existing education facilities accessed by HHs:

1	ECD and primary
1	ECD, primary, secondary and islamic
2	Primary and secondary

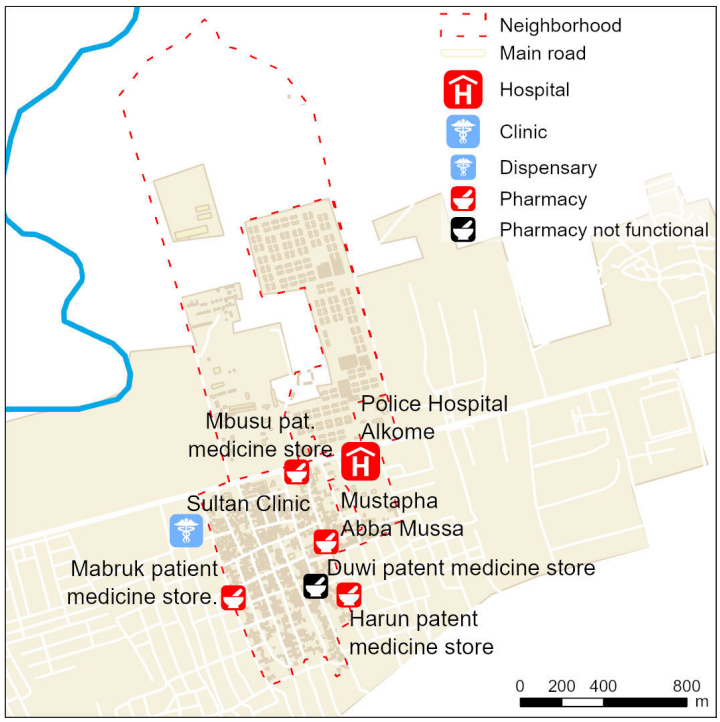
Reported barriers to attending school:



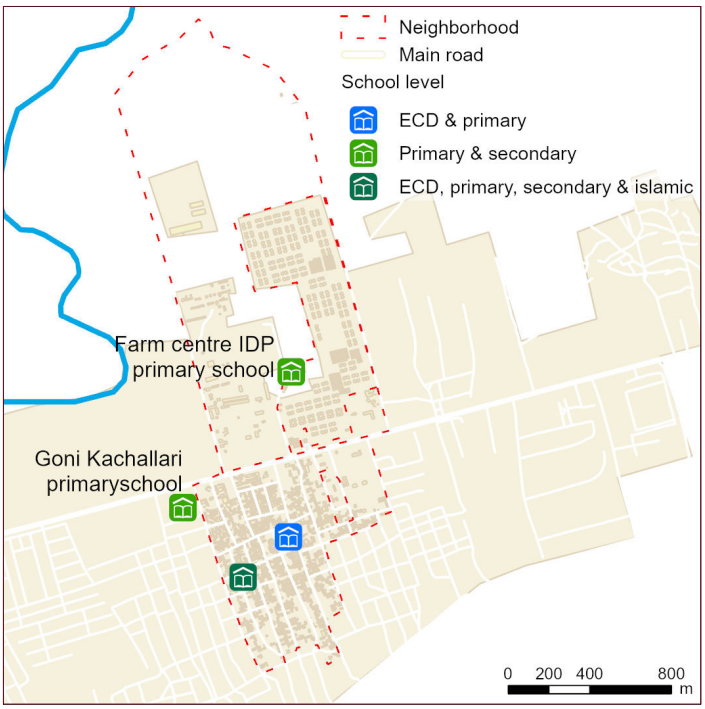
12% of school aged boys do not attend school.

14% of school aged girls do not attend school.

Map 16: Location of health facilities in cluter three



Map 17: Location of school facilities in cluster three



WATER, SANITATION & HYGIENE (WASH)

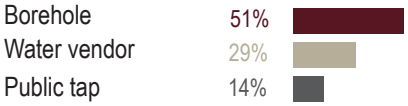
Thirty three percent (33%) of HHs in cluster three reported not having enough water in the last 30 days prior to data collection. FGD participants reported not having enough water points in cluster three to meet their water needs. Public water points are not reliable due to inadequate opening hours largely caused by erratic power suppy and lack of fuel to power the boreholes affecting the functioning of water points. This has forced them to sought access to water from water vendors reported to be very expensive. When asked about coping strategies for lack of enough water, 51% of the HHs reported reducing water consumption for purposes other than for drinking. KIs at water points reported most structures at water points are damaged, long waiting times to access water at water points as the major challenges in the neighbourhood. The provision of more water facilities was emphasized as a key priority for FGD participants.

Table 8: Number of water facilities reported by KIs in cluster three

Water source	# of water points	# of water points non-functional[12]
Boreholes	18	8
Public taps	25	11
Tube well	2	1
Piped into dwelling	2	0
Hand pumps	8	4

A water point is shared by **86** HHs on average in cluster three

Most commonly reported sources of drinking water by HHs:

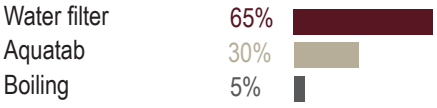


47% of HHs reported paying for water for drinking purposes

Top reported coping strategies by HHs for lack of enough water:[10]

Reduce water consumption for bathing, washing, cleaning	51%
Fetch water from an alternative water point further away	33%
Reduce water quantity for drinking	13%

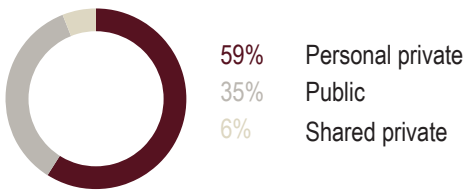
Top reported methods of treating water by HHs:



Sanitation

There are **115** blocks of public latrines in cluster three, each block having an average of four latrines. Only **43** out of the **115** are fully functional.

Reported latrine types accessed by HHs:



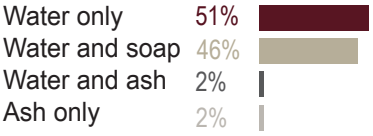
Top 5 reported problems at latrine blocks reported by KIs:[10]

Latrines are unclean/unhygienic	83%
Not safe (e.g no door, no lock)	63%
No segregation between men and women	62%
Insufficiency of water	46%
Structure is damaged	36%

An average of **45** HHs, share one latrine

48% of HHs reported that they are satisfied with the quality of latrines

Reported handwashing practices by HHs:

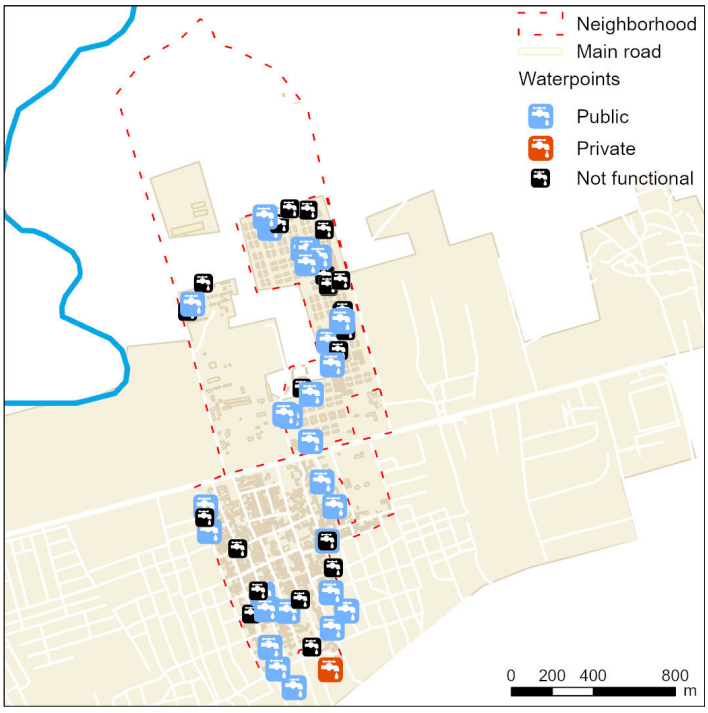


Most commonly reported garbage disposal methods by HHs:

Dedicated site left in open area	39%
Burn garbage	37%
Dedicated site collected by public authorities	13%
Disposes garbage anywhere in open area	9%
Bury garbage	3%

60% of HHs reported that garbage was collected on a weekly basis

Map 18: Location of water points in cluster three



HOUSING, LAND & PROPERTY

Most commonly reported shelter types used by HHs:

Masonry	79%
Makeshift	12%
Emergency	6%
Traditional	4%

Reported HHs occupancy status:

37%	Paid rent
28%	Hosted in government owned property
18%	Owned property
10%	Hosted by relative
7%	Squatting with permision

608 Average cost of rent per month in Naira[5] paid by HHs

IDPs reported occupancy status prior to displacement:

Own property	83%
Paid rent	8%
Squatting with permission	3%
Hosted in government owned property	3%

4% of HHs reported to have been threatened with eviction in their current shelter

1% of HHs had reportedly left their previous shelter within one year prior to data collection

Most commonly reported reasons that HHs had left their previous shelter in the one year prior to the assessment:[24]

Fear of eviction	60%
Eviction by force	40%

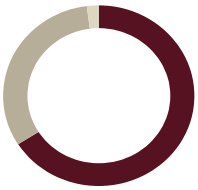
PROTECTION & SOCIAL COHESION

The participants in the FGDs reported presence of peaceful coexistence between IDPs and host community. They are supportive of each other. They inter-marry and attended each other's ceremonies. The IDPs recalled that they feel being part of the community.

100% of IDP HHs reported that they feel safe in the neighbourhood

99% of household reported that they did not experience movement restrictions in the two months prior to data collection

Reported ownership of documentation by HHs:



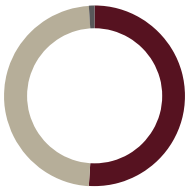
66%	Some members have documents
32%	All members have documents
2%	No member has documents

Most commonly reported types of documents possesed by HHs:[10]

Voter card	84%
National ID	81%
Birth certificate	39%

39% of HHs overall reported possessing birth certificate. This proportion was more prevalent for hosts (51%) than for IDPs (27%).

Reported ease of obtaining documents by HHs:[15]



51%	Difficult
48%	Easy
1%	Don't know[8]

35% IDP HHs reported having at least one member who lost documents during transit

Furthermore, of those that reported obtaining documents was difficult, **91%** of HHs reported that the process takes a long time.

INCOME AND EXPENDITURE

A majority of the people living in Maiduguri in cluster three depend on daily wages and services from the informal economy which in the vast majority of cases, require direct human interaction. This is evident as suggested by the high proportion of HHs reporting small businesses as their major soure of income. In addition, in all FGDs, some participants mentioned petty trading or hawking, tailoring, sewing and rearing of livestock as some of the major sources of income for people residing in their neighbourhoods. Also FGD participants cited lack of capital as a key factor affecting businesses. Other reported challenges included skills mismatch and lack of livelihood opportunities.

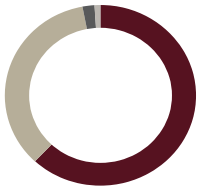
Most commonly reported largest HH expenditures:

The most commonly reported largest HH expenditure was food, cited by **86%** of HHs overall. This proportion was slightly more prevalent for IDP HHs (90%) than for host community HHs (82%).

The most commonly reported second largest expenditure was education, cited by **25%** of HHs overall. However, fuel was reportedly the most common second largest expense by IDP HHs **(23%)**.

The most commonly reported third largest expenditure was health, cited by **28%** of HHs overall. This proportion was slightly more prevalent for IDP HHs (31%) than for host community HHs (27%).

% of HHs reporting having financial debt:



62%	Yes
35%	No
2%	Don't know[8]
1%	No response

Top 3 lenders reported by HHs with debt:

Traders	63%
Family	55%
Neighbours	46%

24. A subset of the 1% HHs who had left their previous shelter one year prior to the assessment

Top 5 most reported use of borrowed money by HHs:[10]

Food	94%
School fees	35%
Medical cost	28%
Water for drinking	22%
Rent	22%

Findings from the HH survey shows that IDP HHs (63%) reported having slightly more debt than host community HHs (61%). Overall, 35% of HH reported using the borrowed money for education. IDP HHs were reportedly less likely to use the borrowed money for education (20%) as compared to the host community HHs (50%).

93% of IDP HHs reported using borrowed money for food, as compared to **83%** of the host community HHs.

Most commonly reported sources of HH income in the 30 days prior to data collection:

Small business	38%
Trade	25%
Sewing	19%
No source of income	10%
Salaried employee	9%
Casual labour	6%

Most commonly reported sources of income by IDP HHs in their previous location prior to displacement:[10]

Agriculture	60%
Small business	30%
Livestock	27%
Trade	17%
Sewing	12%
Salaried employee	3%

39% of HHs reported that their children contribute to household income

SAFETY, RESILIENCE & HAZARDS

In cluster three, FGD participants reported flooding as one of the major hazard affecting HHs in the neighbourhood. Other natural hazards reported by FGD participants were fire, windstorms and disease outbreak. FGD participants also cited thievery and robbery as the security threat faced by HHs in the neighbourhood. When hazards or disasters take place, FGDs reported that they had been displaced outside the neighbourhood and are hosted by family members. Participants also reported minimal or no support from either the government or non-governmental organizations when hazards occur. In most cases, the community comes together to support community members affected by disaster, block waterflow into their homes with sandbags and pave way for water outflow reducing or preventing flooding.

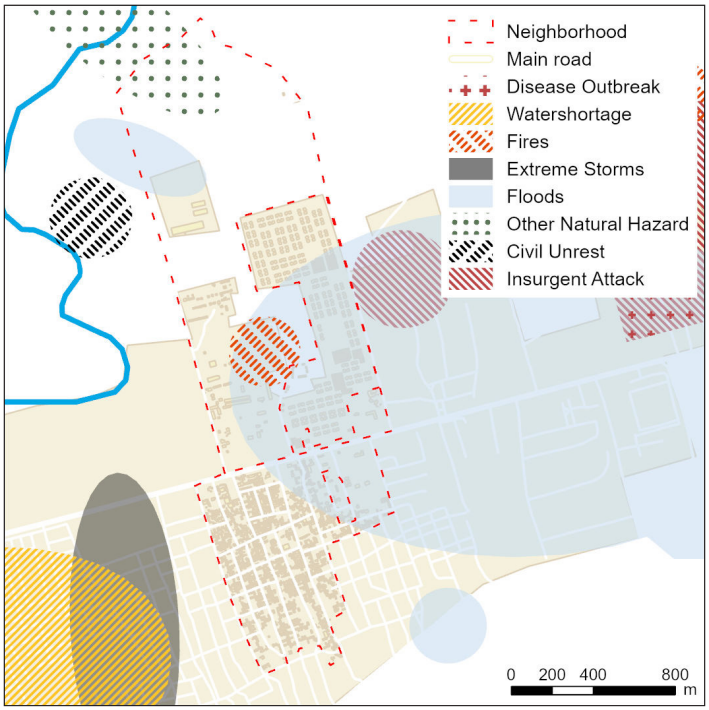
Most commonly reported disaster coping strategies by HHs:

None, able to self- manage	78%
Had to sleep in the open	11%
Used savings	6%
Rebuild shelter	3%

Most commonly reported source of support by HHs:

Family member	40%
Community member	22%
State agencies	20%

Map 19:[18] Hazard participatory mapping in cluster three



DISPLACEMENT[19]

Push and pull factors

From the HH survey, all of the IDP HHs **(100%)** reported that they left their area of origin due to conflict and insecurity. Another **20%** left due to lack of food, while **16%** cited lack of shelter as a reason for leaving their area of origin.

The majority of IDP HHs in cluster three **(100%)** reported availability of security in their current location as a major factor that pulled them to these neighbourhoods from their areas of origin. FGD participants in cluster three largely mentioned availability of security as the main pull factors for coming to cluster two.

Top 3 push and pull factors for displaced HH's:

Push factors from areas of origin		Pull factors to current location	
Lack of security	1	Availability of security	1
Lack of food	2	Access to food	2
Lack of shelter	3	Access to shelter	3

Family separation

38% of IDP HHs reported that they had at least one member separated during displacement. Of this, **52%** reported that the separated members have been reunited with them. Of those who reported not to have been reunited with their separated members, **8%** reported that they were receiving support to locate these missing members mainly from other family members.

Map 20: Location of map showing displacement pattern

MOVEMENT INTENTIONS[19]

FGD participants reported that they would like to return to their AoO if security is restored. However, in order to return, they cited that certain support needed to be provided, like assistance on provision of NFI, support to reconstruct houses, provision of basic needs like food and means of livelihood when they return to their areas of origin.

Likelihood of return to areas of origin by HHs in the next six months:

Very likely to return	71%
Certain to return	16%
Unlikely to return	8%
Will not return	5%

Of the IDP HHs that were certain to return to their areas of origin (16%), top reported reasons why they were certain:[10]

Desire to return	69%
Work opportunity	41%
Services unavailable here	24%

Of the IDP HHs that were very likely (71%) or certain (16%) to return, reported they would return to their areas of origin in the following timelines:

Don't know	100%
In six months	0%
In more than six months	0%
In a month	0%

Of the IDP HHs that reported they will not return (5%) to their areas of origin, main reported reasons why they were considering not to return:[10]

Do not feel safe to return	90%
AoG won't allow to returrn	20%
lack of livelihood opportunities	10%

According to FGD participants, unwillingness to return to areas of origin is due to ongoing conflict and insecurity, some are having jobs, children already enrolled in school and are already being hosted by family members. Some other participants mentioned that they do not have anywhere else to go.

Likelihood of staying at current location by HHs:[10]

Very likely to stay	43%
Unlikely to stay	37%
Will not stay	11%
Certain to stay	10%

Main reasons why IDP HHs want to stay in current location:[10]

Good security	67%
Connection to community	50%
Access to basic services	39%

Likelihood of resettlement to a different location by HHs:

Very likely to resettle	49%
Will not resettle	34%
Unlikely to resettle	16%
Certain to resettle	1%

Participants from FGD reported that most HHs that wanted to be resettled to another location other than their areas of origin, would do so if they have been invited by family members or if they have access to job opportuniies.

Top 3 reasons why IDP HHs would want to resettle to another location other than their area of origin:[11]

To join family/friends in a new location	50%
Desire to stay in a new location	50%
To seek for work/income opportunities	0%

INFORMATION AND LEGAL ASSISTANCE

Access to information[19]

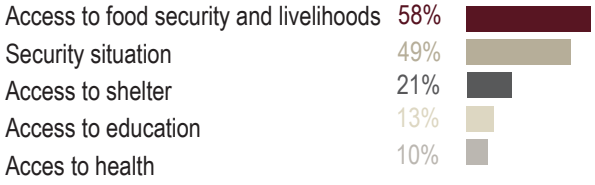
FGD Participants reported that they have access to information regarding general security, access to basic services and access to humanitarian services in the neighbourhood mainly from the bulama, radio, civilian joint task force (CJTF) and from members of the youth in the neighbourhood.

64% of IDP HHs reported receiving information about areas of origin. Of these, **38%** reported to receive this information on a weekly basis and **95%** of the HHs reported that they trust the information received.

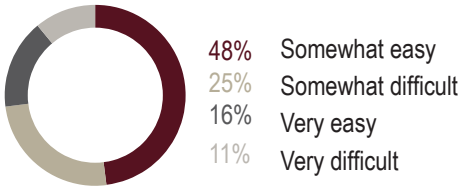
Top 3 reported sources of information by HHs about area of origin:[10]

HH member who currently live in the area	46%
HH member who have visited the area	45%
Friend who visited the area	45%

Most commonly reported types of information received by HHs:



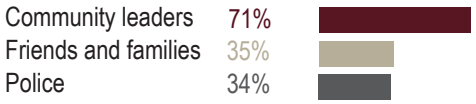
Reported ease of accessing legal assistance by HHs:



Justice system

FGD participants from the host community, IDPs and community leaders reported that there is no formal justice system within the neighbourhood. However, disputes or strong disagreement among residents within the neighbourhood are resolved by the community or traditional leaders. Where this is the case, relevant parties to the conflict are invited to sit with the traditional leaders who then arbitrates and decides on a resolute solution. Heads of community groups, influential community leaders, religious leaders or elders, camp leaders in the case of IDPs at one point in time serves as mediators or dispute resolutors. However when the situation is above them, the traditional leaders who serves as the head of the informal/traditional justice system takes the lead.

Top 3 reported security providers by HHs:



AGORA **Localised Response Inclusive Recovery Effective Stabilisation**

AGORA is a joint initiative of ACTED and IMPACT Initiatives, founded in 2016. AGORA promotes efficient, inclusive and integrated local planning, aid response and service delivery in contexts of crisis through applying settlement-based processes and tools. AGORA enables more efficient and tailored aid responses to support the recovery and stabilization of crisis-affected communities, contributing to meet their humanitarian needs, whilst promoting the re-establishment of local services and supporting local governance actors.

AGORA promotes multi-sectoral, settlement-based aid planning and implementation, structured around partnerships between local, national and international stakeholders. AGORA's core activities include community mapping, multisector and area-based assessments, needs prioritisation and planning, as well as support to area-based coordination mechanisms and institutional cooperation.

Funded by European Union Civil Protection and Humanitarian Aid

In partnership with

INTERNATIONAL RESCUE COMMITTEE

IMPACT Shaping practices Influencing policies Impacting lives

ACTED